

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/806326

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4		/		/		
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6	/		/			
7	/		/			
8	/		/			
9	/		/			
10	/		/			
11	/		/			
12		5		1		
13	/		/			
14	/		/			
15	/		/			
16	/		/			
17	/		/			
18	/		/			
19		3		1		
20	/		/			
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50						
TOTAL IND.	16		16			
TOTAL DEP.	12		16			
TOTAL CLAIMS	28		32			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS